

Case Number:	CM14-0000336		
Date Assigned:	04/11/2014	Date of Injury:	03/29/1986
Decision Date:	05/12/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	12/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Geriatrics and is licensed to practice in New York. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 52-year-old woman with a date of injury of 3/29/86. She was seen by her physician on 12/11/13 for complaints of increased pain and numbness in her right hand from the elbow down. Her quality of sleep was described as fair. She stated that her medications were working well but with increased pain with a decrease in ibuprofen from four times a day (QID) to three times a day (TID). Her medications included ambien, norco, lidoderm, elavil and ibuprofen for pain and sleep. Her physical exam showed she was in mild pain. Her elbow range of motion was restricted in extension with tenderness over the lateral epicondyle. She had tenderness over her radial wrist and 1st metacarpophalangeal joints (MCP) and a positive Phalen's and Tinel's sign. Her diagnoses included brachial plexus injury, cervical radiculopathy, elbow pain, entrapment neuropathy upper limb and lateral epicondylitis. At issue in this review is the plan to continue ambien as needed for sleep.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

AMBIEN 10MG, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Zolpidem

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines zolpidem drug information and treatment of insomnia.

Decision rationale: According to Uptodate, Zolpidem is used for the short-term treatment of insomnia (with difficulty of sleep onset). In this injured worker, it appears that this treatment has been ongoing and is not short term. Uptodate also indicated that patients with insomnia should receive therapy for any medical condition, psychiatric illness, substance abuse, or sleep disorder that may cause or worsen the problem and receive general behavioral suggestions, particularly advice regarding sleep hygiene. After this, cognitive behavioral therapy would be trialed first prior to medications. In this injured worker, her sleep pattern, hygiene or level of insomnia is not addressed. The documentation does not support the medical necessity for ambien.